

City of Augusta Planning & Development
 PO Box 9270, Augusta, GA 30916-9270
 Phone: 706-312-5050
 FAX # 706-312-4277 or 706-312-5037

BUSINESS TAX RETURN

CITY OF AUGUSTA BUSINESS TAX DIVISION
 Year **2016**

Report Change in Location/Mailing Address Promptly to Business Tax Division

Please Type or Print with Ball Point Pen

Complete all spaces as they relate to County Activity						Month	Day	Year	FOR BUSINESS LICENSE OFFICE USE ONLY			Interviewed By:	
									Zoning	Map & Parcel			
									Account #	Tax Class	SIC Code	# of Decals	
<div style="display: flex; justify-content: space-between;"> <div> Circle One Renewal Amended New Final </div> <div> Started New Business Sold or Closed Business </div> <div> Date Date </div> <div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> </div>									YEARLY TOTAL GROSS RECEIPTS (EVEN DOLLARS) \$ _____ Professionals and certain practitioners have the option of paying \$400 per practitioner in lieu of reporting gross receipts. Check with the Business Tax Office to determine eligibility for this option.			# of Employees:	
Business Name						Business Location – Street Address (Not P.O. Box)			City, State		Zip Code		
Mailing Information Name						Mailing Address – Street or P.O. Box			City, State		Zip Code		
Previous Business Name and Location		Name		Street – Not P.O. Box		City, State		Zip Code					
Circle One Partnership Sole Ownership Corporation		Principal Office, Corporate Name		Street or P.O. Box		City, State		Zip Code					
Officer, Agent or Attorney for Service of Business Affairs in County		Name		Street or P.O. Box		City, State		Zip Code					
Name of Owner(s) & Residence Address		Name		Street or P.O. Box		City, State		Zip Code					
		SSN (Last 4 digits)											
Officer Title		Name		Street or P.O. Box		City, State		Zip Code					
		SSN											
EMERGENCY CONTACT		NAME		CELL PHONE () -		HOME PHONE () -							
LOCAL CONTACT		NAME		CELL PHONE () -		HOME PHONE () -							
CERTIFICATION: The information herein as required by City of Augusta Code Part II, Chapter 8, Section 6-27.1 I, _____ (Title) _____ of the business firm named, do hereby register to operate said business with dominant business activity of (explain type of business) _____ _____ Phone: (Bus) () - (Res) () - <div style="display: flex; justify-content: space-between;"> <div>State ID Number</div> <div>Federal ID Number</div> </div>													
<div style="display: flex; justify-content: space-between;"> <div>E-mail Address _____</div> <div>Date _____</div> </div> <p>In accord with the Business Ordinance of City of Augusta, I, the undersigned, certify that I am the person duly authorized by the business herein named to file this return, including the accompanying schedules and statements and that the same are true, correct, and complete.</p> <div>Applicant Signature _____</div>													

Systematic Alien Verification for Entitlements (SAVE) Affidavit

Affidavit Verifying Status for Augusta, Georgia
Public benefit Application with License and Inspection Division
Pursuant to O.C.G.A. §50-36-1 (e) (2)

By executing this affidavit under oath, as an applicant for: (check all that apply) ←

_____ Augusta, Georgia Business License or Georgia Occupational Tax Certificate
_____ Alcohol License
_____ Taxi Permit
_____ Other public benefit, including _____ as referenced in O.C.G.A. §50-36-1

→ From Augusta, Georgia, the undersigned applicant verifies one of the following with respect to my application for a public benefit:

- 1) _____ I am a United States citizen
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My alien number is issued by the Department of Homeland Security or other federal immigration agency is: _____.

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document, as required by O.C.G.A. §50-36-1 (e) (1), with this affidavit.

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of the O.C.G.A. §16-10-20, and face criminal penalties as allowed by such criminal statute.

→ Executed in _____ (city), _____ (state)

→ **Business Name** _____

Business License Number _____
Required

→ _____
Signature of Applicant

→ _____
Printed Name of Applicant

● SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
_____ DAY OF _____, 20____

NOTARY PUBLIC

My Commission Expires:

Private Employer Affidavit Pursuant to O.C.G.A. § 36-60-6(d)

My Commission Expires: